2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2007 8:00 am DOCUMENT # P98000025655 **Secretary of State** 1. Entity Name 03-21-2007 90042 009 ***150.00 FUNHOUSE PRODUCTS, INC. Principal Place of Business Mailing Address 127 W FAIRBANKS AVE #420 1308 GEORGIA BLVD WINTER PARK FL 32789 ORLANDO FL 32803 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3407 Corrine Drive 2511 E. Colonial Drive Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-3505348 Orlando Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIBLEY, SALLY Street Address (P.O. Box Number is Not Acceptable) 209 FARRINGTON LANE KISSIMMEE FL 34744 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE **Change** ■ Addition TITLE HYRONS, HOPE NAME NAME 1308 GEORGIA BLVD 3407 Corrine Dr. STREET ADDRESS STREET ADDRESS ORLANDO FL 32803 CITY-S1-7IP CITY - ST- ZIP Orlando, FL 32803 ☐ Addition TITLE Delete Schwartzman, David SCHWARTZMAN, DAVID NAME 1308 GEORGIA BLVD 3407 corrine Dr. STREET ADDRESS STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP or lando, FL 32803 CITY - ST - ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY - ST - ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP ☐ Defete THE ☐ Change Addition BTIE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-SI-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attaphment with an address, with all other like empowered.

SIGNATURE

FILED